

CHAPTER 13 SECTION 11.8

COST-SHARES AND DEDUCTIBLES: AMBULATORY SURGERY

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I. ISSUE

What are the special cost-sharing provisions for ambulatory surgery?

II. POLICY

A. Family Members of Active-Duty Members. Generally, the cost-share will be \$25 and will be assessed on the facility claim. No cost-share is to be deducted from a claim for professional services related to ambulatory surgery except as described below.

1. Services in a Freestanding Ambulatory Surgery Center (ASC).

a. If one or more services are provided and all of them are in [Chapter 13, Section 9.1, Addendum 1, Section 1](#) through Section 15, a \$25 cost-share is to be assessed to the claim for the facility charges and no cost-share is to be taken from any claim for related professional services.

b. If one or more services are provided and none of them is in [Chapter 13, Section 9.1, Addendum 1, Section 1](#) through Section 15, the facility charges are to be denied, and any professional charges are to be reimbursed as outpatient services with an outpatient (20 percent) cost-share assessed. The contractor must determine whether to assess the cost-share to the professional services claim (i.e., determine that a facility claim would be denied if received) at the time the professional services claim is processed.

c. If multiple services are provided and one or more of them are in [Chapter 13, Section 9.1, Addendum 1, Section 1](#) through Section 15, a \$25 cost-share is to be assessed to the claim for the facility charges, and no cost-share is to be taken from any claim for related professional services.

2. Services in a Hospital Outpatient Department or a Hospital Emergency Room.

a. If one or more services are provided and all of them are in [Chapter 13, Section 9.1, Addendum 1, Section 1](#) through Section 15, a \$25 cost-share is to be assessed to the claim for the facility charges and no cost-share is to be taken from any claim for related professional services.

b. If one or more services are provided and none of them is in [Chapter 13, Section 9.1, Addendum 1, Section 1](#) through Section 15, the facility charges are to be reimbursed based on the billed charges, and any professional charges are to be reimbursed as outpatient services with an outpatient (20 percent) cost-share assessed.

c. If multiple services are provided and one or more of them are in [Chapter 13, Section 9.1, Addendum 1, Section 1](#) through Section 15, a \$25 cost-share is to be assessed to the claim for the facility charges (including those procedures not in [Addendum 1, Section 1](#) through Section 15), and no cost-share is to be taken from any claim for related professional services.

B. Beneficiaries Other than Family Members of Active-Duty Members. Since the cost-share for these beneficiaries is based on a percentage rather than a set amount, it is to be taken from all ambulatory surgery claims. For professional services, the cost-share is 25 percent of the allowed amount. For the facility claim, the cost-share is the lesser of:

1. 25 percent of the applicable group payment rate (see [Chapter 13, Section 9.1](#)); or
2. 25 percent of the billed charges.
3. The special cost-sharing provisions for beneficiaries other than family members of active-duty members will ensure that these beneficiaries are not disadvantaged by these procedures. In most cases, 25 percent of the group payment rate will be less, but because there is some variation within each group, 25 percent of billed charges could be less in some cases. This will ensure that the beneficiaries get the benefit of the new system when it is more advantageous, but they will never be disadvantaged by it.

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